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CERTIFICATE OF MAILING

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Name (Print/Type) Wilhelm Palmen Jr. Signature *Wilhelm Palmen Jr.* Date 10-05-2001

TRANSMITTAL

☐ Small Entity ☒ Large Entity

Application Number 09/550,303
Confirmation Number 9147
Filing Date April 14, 2000
First Named Inventor Haab et al.
Examiner Marschel, A.
Group Art 1631
Attorney Docket No. STAN128

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Restriction Election	Total					\$ -
<input checked="" type="checkbox"/> 37 C.F.R. § 1.142	Independent					\$ -
<input checked="" type="checkbox"/> Pages 2	Multiple					
Total Extra Claim Fees						

☒ Applicants Petition for a 3-month Extension of time from 07-06-2001 to 10-06-2001 Fee \$920.00

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☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee Fee _____
☐ Executed Declaration Pages _____ Surcharge Fee _____
☐ Other _____ Fee _____
_____ Fee _____
_____ Fee _____
Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449 Pages _____
☐ Copies of Cited References 10/12/2001 SZENDIE1 00000049 500015 09550303
☐ Other 01 FC:117 920.00 CH Fee _____
Subtotal \$ -

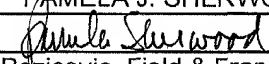
☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification
☐ Paper Copy of Sequence Listing Pages _____
☐ Diskette in computer-readable format
☐ Other Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$920.00

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	PAMELA J. SHERWOOD		Registration No.	36,677
Signature			Date	10-05-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200	
City	Menlo Park	State	California	zip 94025
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